

ESPS Peer-review Report

Name of Journal: World Journal of Clinical Oncology

ESPS Manuscript NO: 8502

Title: Resection of the primary tumor in Stage IV breast cancer

Reviewer code: 00531495

Science editor: Gou, Su-Xin

Date sent for review: 2013-12-29 20:11

Date reviewed: 2013-12-31 17:26

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B (Very good)	<input checked="" type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C (Good)	<input type="checkbox"/> Grade C: a great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> No records	<input checked="" type="checkbox"/> Major revision

COMMENTS TO AUTHORS

Authors discuss important topic related to resection of primary tumor in metastatic breast cancer patients. Manuscript is clearly and concisely written, however, in San Antonio breast cancer symposium one month ago, two important trials were reported that showed completely opposite results compared to retrospective analyses discussed in this manuscript. This article needs major revision and results of these trials need to be discussed in this manuscript. Major points: 1. Article needs major revision based on data presented in San Antonio Breast Cancer Symposium 2013 – Abstracts presented by Badwe et al. (S2-02) and Soran et al. (S2-03)

ESPS Peer-review Report

Name of Journal: World Journal of Clinical Oncology

ESPS Manuscript NO: 8502

Title: Resection of the primary tumor in Stage IV breast cancer

Reviewer code: 00732053

Science editor: Gou, Su-Xin

Date sent for review: 2013-12-29 20:11

Date reviewed: 2014-01-02 14:59

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B (Very good)	<input checked="" type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C (Good)	<input type="checkbox"/> Grade C: a great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> No records	<input checked="" type="checkbox"/> Major revision

COMMENTS TO AUTHORS

The subject of the paper is very interesting. The results of recent trials presented on the subject should be taken into consideration and discussed in the paper.

ESPS Peer-review Report

Name of Journal: World Journal of Clinical Oncology

ESPS Manuscript NO: 8502

Title: Resection of the primary tumor in Stage IV breast cancer

Reviewer code: 00532382

Science editor: Gou, Su-Xin

Date sent for review: 2013-12-29 20:11

Date reviewed: 2014-01-06 17:36

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B (Very good)	<input type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C (Good)	<input type="checkbox"/> Grade C: a great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> No records	<input type="checkbox"/> Major revision

COMMENTS TO AUTHORS

Referee comments on Manuscript_20131228095526.doc The following Trials have both reported results in SABCS2013 India NCT00193778 Turkey NCT00557986 Therefore we think these results available and citable in abstract form should be included in the paper. Furthermore there is a point of view opposite to the point of view of citations 10 (x) to 14 (xiv) of the present paper in Cancer Research 1989, 49: 1996-2001 and many others, that the primary tumor might in fact control or reduce metastases. Through processes related to the act of surgery that could release growth factors that would predispose the metastatic deposits to grow or that the primary lesion could secrete inhibitory factors for the growth of distant metastases. This opposing view should also be incorporated in the paper once it is a review paper it should put all available tentative explanations. Here are the 2 abstracts available online from SABCS 2013 [S2-02] Surgical removal of primary tumor and axillary lymph nodes in women with metastatic breast cancer at first presentation: A randomized controlled trial?Badwe R, Parmar V, Hawaldar R, Nair N, Kaushik R, Siddique S, Navale A, Budrukkar A, Mitra I, Gupta S. Tata Memorial Centre, Mumbai, Maharashtra, India?BACKGROUND:?The role of loco-regional treatment, in women with metastatic breast cancer (MBC) at first presentation, is debatable. Preclinical evidence suggests that such treatment may facilitate growth of metastatic disease. On the other hand, many retrospective analyses in clinical cohorts have suggested favorable impact of loco-regional treatment in these patients. However, these results are likely to be influenced by selection bias. We conducted a prospective randomized controlled trial to assess the impact of loco-regional treatment on outcome in women with metastatic breast cancer at initial diagnosis. [NCT00193778]?METHODS:?Women with metastatic breast cancer at initial diagnosis and planned to be treated with anthracycline based chemotherapy (CT) were registered for the study. Those who had

objective tumor response after 6 cycles of CT were randomized to one of the following arms: 'LRT' (loco-regional treatment) or 'No-LRT' (no loco-regional treatment). Patients were stratified by endocrine receptor (ER) status, site of metastases (visceral Vs bone Vs both) and number of metastatic lesions (< 3 Vs > 3). Women in LRT arm received surgery (breast conservation or mastectomy plus axillary lymph node dissection) followed by radiation therapy (RT), as per standard adjuvant guidelines. Women in No-LRT arm were followed up without surgery and RT. Both groups received standard endocrine therapy after last cycle of chemotherapy, if indicated. They were regularly followed up with clinical evaluation. Appropriate imaging was performed within 6 months after randomization and thereafter as clinically indicated. The primary endpoint was overall survival (OS).?RESULTS:?Between Feb 2005 and Jan 2013, 350 women were randomized, 173 in LRT and 177 in No-LRT arm. The data cutoff was in May 2013. The two arms were balanced with respect to age, clinical tumor size, HER2 receptor status and stratification factors. Eight (5.8%) patients in the LRT arm did not undergo loco-regional therapy while 19 (10.7%) patients in the No-LRT arm underwent surgical removal of primary tumor because of palliative reasons. The median follow-up was 17 months and 218 deaths (LRT=111/173, No-LRT=107/177) had been recorded at data cutoff. The median OS in LRT and No-LRT arms were 18.8 and 20.5 months (HR=1.07, 95%CI=0.82-1.40, p=0.60) and the corresponding 2-year OS were 40.8% and 43.3%, respectively. After adjusting for age, ER status, HER2 receptor status, site of metastases and number of metastatic lesions in a Cox regression model, there was no significant difference in OS between LRT and No-LRT arms (HR=1.00, 95%CI=0.76-1.33, p=0.98). There was no interaction between the effect of LRT and covariates in the model.?CONCLUSIONS:?Loco